MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 32545

Township ..... Primary Registration District No. 703 Registered No. 9354

City St Louis (No. Lutheran Hospital St. ..... Ward)

2. FULL NAME Fred E. Thielker

(a) Residence, No. 6920 Michigan St., 1 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Caroline Thielker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1859.

7. AGE: YEARS 72 | MONTHS 2 | DAYS 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building Contractor
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER

13. NAME Frederick Thielker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Annie M. Dubbel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Caroline Thielker 6920 Michigan

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Trinity Luthers DATE Sept 5 1931

19. UNDERTAKER (ADDRESS) C. Hoffmeister N. L. Co. 7814 S. Broadway

20. FILED SEP -5 1931 19 Max C. Tarlow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1931, to Sept 2, 1931

I last saw him alive on Sept 2, 1931. Death is said to have occurred on the date stated above, at 5.26 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
82 B Cerebral hemorrhage (apoplexy)	8/24/31
82 A	

Other contributory causes of importance:

Chronic bronchitis	Chronic

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Roy L. Wiggins M. D.

(Address) 7702 Ivory